

MORTALITY FROM INFECTIOUS HEPATITIS

Nationwide mortality data for infectious hepatitis as a separate entity have been available only since 1949. Reporting of cases was not required in many States prior to 1952, although a few reported some data as early as 1947. Infectious hepatitis, caused by type A virus, and serum hepatitis, type B infections, are combined in routine weekly and annual reports of cases. The number of serum hepatitis cases included in the totals is unknown, but it probably constitutes only a small proportion.

Prior to 1949, deaths from infectious hepatitis were included either in a category with Weil's disease or with other diseases of the liver, while those from serum hepatitis were included with other diseases of the liver. In 1949 infectious hepatitis (type A) became a separate category under the general heading of diseases attributable to viruses. Deaths from serum hepatitis have been included with one or the other of two categories which include deaths from certain other causes, and these have not been tabulated or separated from such totals.

A cyclic occurrence has characterized the incidence of reported cases of infectious hepatitis since 1952 (table 1). Annual totals have ranged from a high of 50,000 in 1954 to a low of about 15,000 in 1957. After the peak incidence in 1954 there was a decline for 3 years (fig 1). A rising trend began again in 1958 and has continued to the present time. Mortality from infectious hepatitis (type A only), on the other hand, rose rapidly from 1950 to 1952, but it remained relatively stationary in the following 7 years. No peak in mortality was evident in 1954 when incidence rose to a high peak. The number of deaths from infectious hepatitis has ranged from about 550 to about 900 per year. While these numbers indicate that the infection is not a major cause of death, they are greater at the present time than the numbers for any of the infections listed in the category of diseases attributable to viruses.

Figure 1. Infectious hepatitis: morbidity and mortality, 1949-59

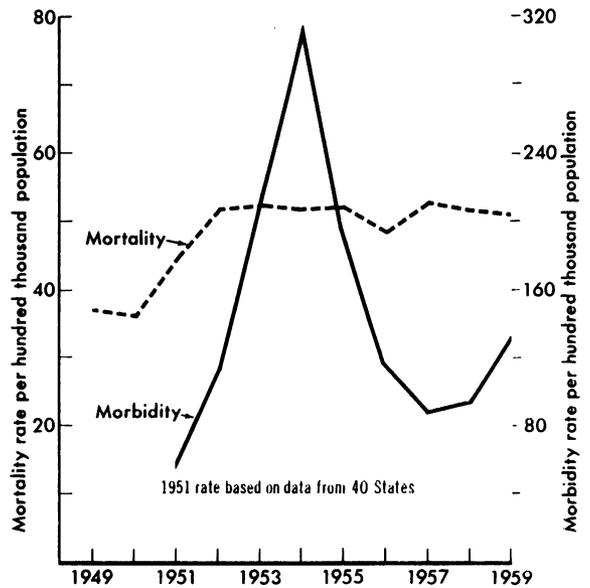
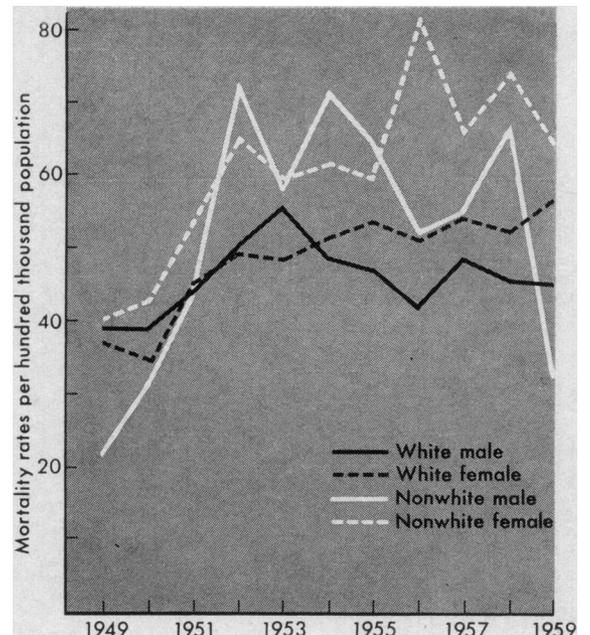


Figure 2. Infectious hepatitis: mortality by sex and race, 1949-59



Certain trends become apparent when mortality rates for infectious hepatitis by age, sex, and race are examined (fig. 2 and table 2). There was a rise in mortality for all groups in the early part of the 11-year period. The rate for white males reached a peak in 1953 followed by a moderate decline. The rate for white fe-

males continued to rise throughout the entire period. The same trends are evident for non-white males and females although their rates were at a higher level than those for white males and females. They also show greater fluctuations from year to year, possibly because of the relatively small numbers of deaths.

Table 1. Infectious hepatitis: morbidity and mortality rates in the United States, 1949-59

Year	Morbidity rates per 100,000 population ¹	Mortality rates per million population ²				
	Total	Total	White males	White females	Nonwhite males	Nonwhite female
1959	133.6	5.09	4.51	5.66	3.20	6.41
1958	94.1	5.18	4.59	5.23	6.68	7.40
1957	87.6	5.26	4.86	5.42	5.43	6.55
1956	116.4	4.88	4.15	5.13	5.16	8.14
1955	196.9	5.18	4.73	5.37	6.46	5.92
1954	314.9	5.15	4.82	5.12	7.15	6.19
1953	216.0	5.26	5.53	4.87	5.74	5.88
1952	113.6	5.17	5.17	4.96	7.25	6.49
1951	³ 58.9	4.46	4.31	4.53	4.29	5.31
1950		3.65	3.85	3.45	3.10	4.20
1949		3.70	3.86	3.69	2.19	3.95

¹ Includes both type A and type B infections.

² Type A infections only.

³ Rate based on data from 40 States.

Table 2. Infectious hepatitis mortality: ¹ average rates per million population by age, sex, and race

Age (years)	1949-50	1951-53	1954-56	1957-59	1949-50	1951-53	1954-56	1957-59
	White males				White females			
All ages	3.85	4.80	4.44	4.71	3.57	4.79	5.21	5.44
Under 5	3.14	3.72	3.05	2.30	2.21	2.69	2.62	2.03
5-14	.73	1.78	1.32	.97	.86	2.06	1.17	1.34
15-24	1.65	1.89	1.45	1.47	2.14	3.21	2.59	2.86
25-34	1.67	2.69	1.75	2.00	2.81	4.16	3.13	4.11
35-44	2.98	3.99	3.75	4.00	4.66	4.27	4.96	4.76
45-64	6.58	7.19	7.30	7.84	5.43	6.46	8.14	9.03
65 and over	13.71	16.46	17.86	19.57	7.42	12.41	16.77	15.08
	Nonwhite males				Nonwhite females			
All ages	2.65	5.64	6.13	5.12	4.08	5.89	6.76	6.79
Under 5	2.48	8.63	7.51	5.94	1.50	4.49	3.49	4.32
5-14	.33	2.23	1.74	1.05	.98	2.43	2.62	2.12
15-24	1.62	5.00	6.47	4.06	6.62	4.19	7.04	5.74
25-34	2.57	6.50	4.68	6.05	3.83	5.92	9.11	8.45
35-44	2.83	3.75	4.96	4.86	5.66	8.50	10.16	7.22
45-64	5.05	9.46	10.04	9.89	6.75	8.83	7.29	12.31
65 and over	7.32	3.08	13.68	7.54	3.59	11.21	13.52	13.01

¹ Type A infections only.

The striking feature of the mortality rates by age and sex is the higher rate for females in the age groups from 15 to 44 years. Some decline in mortality is apparent for both white males and white females under 5 years of age, and a rise is evident for each sex and race in the older age groups, 45 to 64 and 65 years and over.

For most infectious diseases, mortality is higher among males. An exception is whooping cough, for which the excess has been apparent for females 10 years of age and over for at least 30 years. Reported morbidity for whooping cough has also been higher among

females, which suggests the possibility of a sex differential in susceptibility to the infection that is different from that for other infectious diseases. A greater amount of exposure to infection in the home may also be a factor. With respect to infectious hepatitis, there are insufficient morbidity and mortality data to test these hypotheses or to determine whether the differences discussed here have existed for longer than a decade.—CARL C. DAUER, *medical advisor, National Center for Health Statistics, Office of the Surgeon General, Public Health Service.*

Narcotic Control

Stricter control of the sale of narcotics and better safeguards for supplies of narcotics are the aims of rules promulgated by Dr. Herman E. Hilleboe, commissioner of the New York State Department of Health.

Among the rules are:

- A prescription for narcotic drugs may be issued only by a physician or other duly registered practitioner.
- The responsibility for the proper prescribing and dispensing of narcotic drugs is with the licensed practitioner. A corresponding responsibility rests with the pharmacist who fills the prescription.
- All prescriptions for narcotic drugs and narcotic preparations must bear the full name and address of the patient and the name, address, and registry number of the prescriber. Each prescription must be dated and signed on the day when issued.
- A prescription for narcotic drugs may be filled only by a licensed, registered pharma-

cist in a pharmacy authorized to sell narcotic drugs at retail.

- Furnishing narcotics on a practitioner's telephone order is prohibited, whether or not signed prescriptions covering such orders are subsequently received. However, in an emergency a pharmacist may deliver narcotics as the result of a telephone order if a prescription is supplied before delivery is made.

As well as listing narcotic drugs and preparations which require prescriptions, the rules require that no more than 4 ounces of cough sirups containing narcotics may be sold to one individual during a 24-hour period.

Rules for the storage and handling of narcotics are provided for manufacturers, wholesalers, laboratories, hospitals, and nursing homes. Responsibility for safeguarding the drugs is placed on the administrative head of each establishment.

Copies of the rules can be obtained from the Bureau of Narcotic Control, New York State Health Department, Albany 8, N.Y.